### STATE OF HAWAII REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS

#### For Your Information:

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- Select Procurement of Health and Human Services
- Select Forms and Instructions for State Agencies

### **STATE OF HAWAII**

## REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS

| To:  | To: Chief Procurement Officer              |                                  |                      |                     |  |  |
|--|--|----------------------------------|----------------------|---------------------|--|--|
| From:  |  |                                  |                      |                     |  |  |
|  | Department/Division/Agenc                  | v                                |                      |                     |  |  |
|  | o § 103F-101(a)(4), HRS, and ne following: | Chapter 3-141, HAR, the Departme | ent requests a procu | rement exemption to |  |  |
| Title and description of health and human service(s):  |  |                                  |                      |                     |  |  |
| The und description of neutral and number sectors.   |  |                                  |                      |                     |  |  |
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|  |  |                                  |                      |                     |  |  |
|  |  |                                  |                      |                     |  |  |
| Provider   | Nome                                       | Total Contract Funds:            | Term of Contrac      | 4.                  |  |  |
| Provider   | name.                                      | Total Contract Funds.            | Term of Contrac      | ;i.                 |  |  |
|  |  |                                  | From:                | To:                 |  |  |
| Provider   | Address:                                   | Contract Funds per Year (as      |                      |                     |  |  |
|  |  | applicable).                     |                      |                     |  |  |
|  |  |                                  |                      |                     |  |  |
|  |  |                                  |                      |                     |  |  |
| Explanation describing how procurement by competitive means is either not practicable or not advantageous to the                                 |  |                                  |                      |                     |  |  |
| State:   |  |                                  |                      |                     |  |  |
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| Details of the process or procedure to be followed in selecting the service provider to ensure maximum fair and open competition as practicable: |  |                                  |                      |                     |  |  |
| open con   | petition as praeticable.                   |                                  |                      |                     |  |  |
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| A description of the state agency's internal controls and approval requirements for the exempted procurement: |                         |  |  |  |  |  |
|---|-------------------------|--|--|--|--|--|
|   |                         |  |  |  |  |  |
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|   |                         |  |  |  |  |  |
| A list of state agency personnel, by position tit of the contract:  | le, who will be involve | red in the approval process and administration |  |  |  |  |
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|   |                         |  |  |  |  |  |
|   |                         |  |  |  |  |  |
|   |                         |  |  |  |  |  |
| Direct questions to (name & position):  | Phone number:           | e-mail address:                                |  |  |  |  |
| Direct questions to (name & position).  | i none number.          | c-man address.                                 |  |  |  |  |
|   |                         |  |  |  |  |  |
| This arranged as a bould be considered for list of arranged in the Late Character 2 141 TIAD, V               |                         |  |  |  |  |  |
| This exemption should be considered for list of exemptions attached to Chapter 3-141, HAR: Yes No             |                         |  |  |  |  |  |
| I certify that the information provided above is to the best of my knowledge, true and correct.               |                         |  |  |  |  |  |
|   |                         |  |  |  |  |  |
| Department Head Signature   | Date                    |  |  |  |  |  |
|   |                         |  |  |  |  |  |
| T. IV   | D ::: #::1              |  |  |  |  |  |
| Typed Name  | Position Title          |  |  |  |  |  |
| Chief Procurement Officer's Comments:   |                         |  |  |  |  |  |
| Cine i rocurement Officer's Comments.   |                         |  |  |  |  |  |
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| Please ensure adherence to applicable administrative requirements.  |                         |  |  |  |  |  |
|   | trative requirements.   |  |  |  |  |  |
| Approved Denied   | trative requirements.   |  |  |  |  |  |
| Approved Denied Ch.   | trative requirements.   |  |  |  |  |  |
| Approved Denied  cc: Administrator State Procurement Office   |                         |  |  |  |  |  |